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AND O 1 TOTAL O	this form, together w	applicable fe	or <u>Fa</u>	Commissioner — P.O. Box 1450 — Alexandria, Virg <u>x</u> (571) 273–2885	rinia 22313-1450		
INSTRUCTIONS Phis fo	orm should be used for tra- prespondence including the below or directed otherwise ons.	Patent, advance on in Block 1, by (a)	E FEE and PU ders and notifical specifying a ne	BLICATION FEE (if requ ation of maintenance fees v ew correspondence address	ired). Blocks 1 through 5 vill be mailed to the curre and/or (b) indicating a se	should be completed to correspondence a correspondence a correspondence a	rd whiddress
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XEROX CORPOR	VE., SOUTH, XEROX		H FLOOR	Cei I hereby certify that if States Postal Service addressed to the Mai transmitted to the USF	rificate of Muiling or Tra his Fee(s) Transmittal is bo with sufficient postage for I Stop ISSUE FEE addre TO (571) 273-2885, on the	ansmission ring deposited with t first class mail in an 233 above, or being te date indicated belo	he Un cnvcl facair w.
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Number is required. 3. ASSIGNEE NAME AND	or more recent) attached. Use D RESIDENCE DATA TO I as an assignee is identified bin 37 CFR 3.11. Completion	SE PRINTED ON T Selow, no assignee of of this form is NOT	2 registered p listed, no nam HE PATENT (p data will appear f a substitute for	• • •	no name 1s 3	e document has been	a filed
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